

Date Correction Plan Due 6/30/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center The Summit Learning Center Llc		Provider Number / Facility ID Number 2000590382 / 001 - 2005422		
Address - Facility (Street, City, State, Zip Code) 700 Burlington Ave Twin Lakes WI 531819642		Telephone Number 262-448-1404	Date - Regulation Visit 6/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff file reviewed did not include a physical exam	Staff member now has completed physical exam in file.	6/25/26	
2	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Staff file did not have documentation of qualification for lead teacher position and was working alone with children	Staff is enrolled in last class needed for qualification. Staff member will remain an assistant teacher until completed.	7/22/26	

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3	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: No documentation of staff working in ratio in marigold room	Went over child tracking policies and correct signing in policies with all staff members	6/15/26
4	251.05(2)(a)8. Staff Record - Orientation Description: Staff file reviewed did not include an orientation document	Staff file now has orientation in it.	6/15/26

NAME - Agency Worker
Paul Spink

Date Issued
6/16/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ron A. Krume

Date Signed

6/25/26